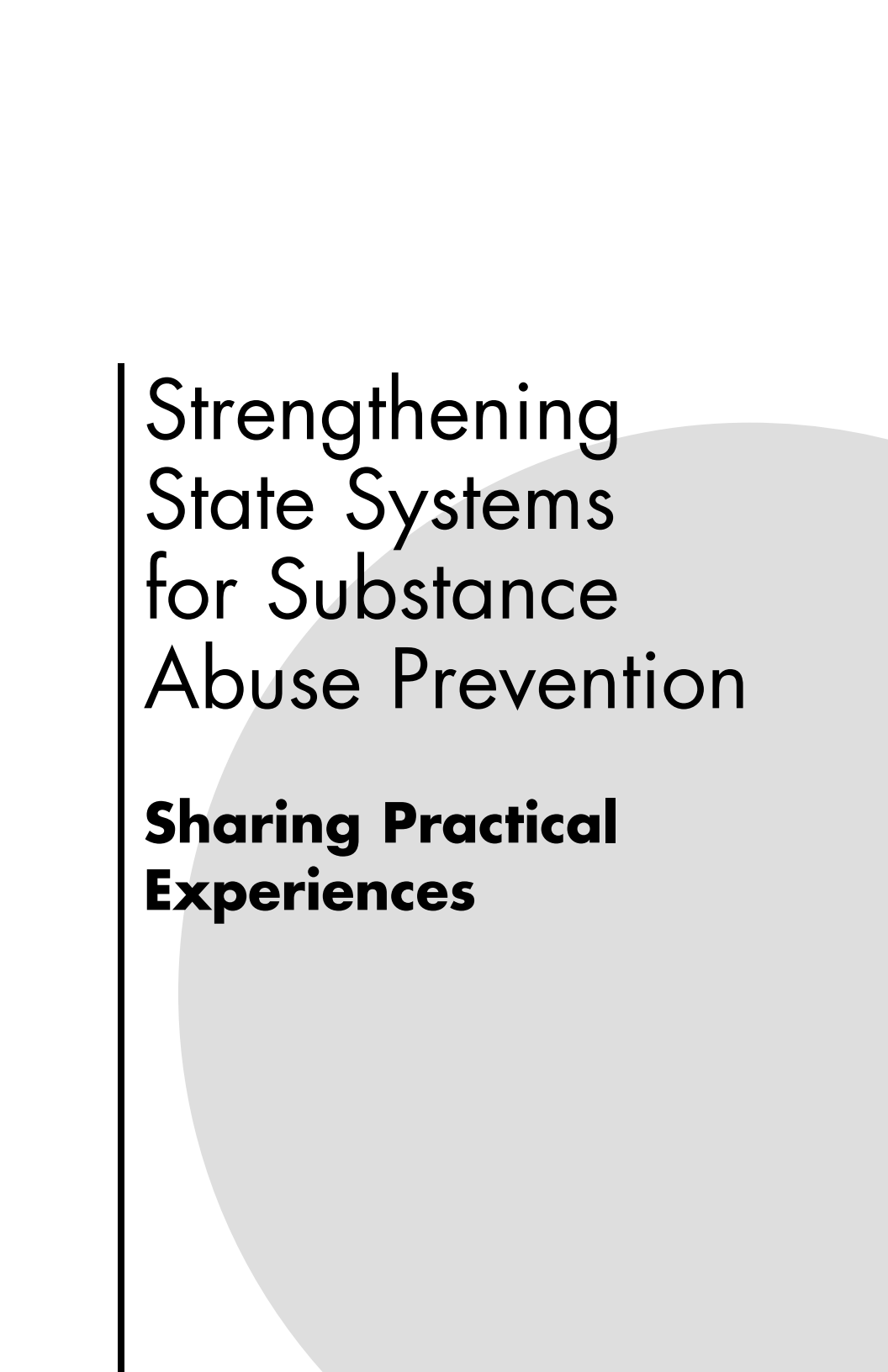


A Framework for Strengthening State Substance Abuse Prevention Systems

Sharing Practical Experiences



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Strengthening State Systems for Substance Abuse Prevention

**Sharing Practical
Experiences**

Acknowledgments

This document marks CSAP's progress towards fulfilling its commitment to bringing effective, science-based prevention to every community across the country.

One of several in a new series developed by CSAP, this conference-edition publication shares practical experiences of states as they sought to implement state-wide strategies to optimize the application of State and Federal substance abuse funding streams and resources. As with other complementary CSAP projects, the State Incentive Grant Program, which provided the basis for much of the information contained within this document, seeks to re-energize and mobilize communities, families, schools, youth, and workplaces to reduce drug use and fill the gaps in prevention efforts.

As CSAP continues to facilitate state capacity building through its expanded State Incentive Grant Program and the Block Grant Program, these types of documents will evolve in nature and content. Throughout this evolutionary process, CSAP will continue its collaboration with States, other Federal agencies, national youth serving organizations, and public and private interest groups focused on substance abuse prevention. This collaboration process enables CSAP to listen and learn about the challenges encountered in moving the field forward.

CSAP is proud of our collaboration with the field and the documents that have resulted. We especially would like to take this opportunity to acknowledge the significant contributions of Robert Yin, Ph.D.; Angela Ware, Ph.D.; and Mel Tremper, Ph.D., senior social scientists affiliated with CSAP's National Center for the Advancement of Prevention (Contract No. 277-99-6023).

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Producing this Series

This publication is a product of the Center for Substance Abuse Prevention (CSAP) through its National Center for the Advancement of Prevention (NCAP). Development of the functional framework was facilitated by an expert panel that met on October 27, 2000, and whose members included: Judy Donovan (Johnson, Bassin, and Shaw); Barbara Groves (Office of Alcohol and Drug Abuse Programs, OR); Art Jones (Substance Abuse Services, NC); Michael Langer (Division of Alcohol and Substance Abuse, WA); Stephanie McGencey (Community Anti-Drug Coalitions of America); Gloria Martin-Payne (Capital Region Health Systems, PA); Alan Moghul (NASADAD); Joseph Powell (Bureau of Drug and Alcohol Programs, PA); and representatives from the Center for Substance Abuse Prevention, including the project officer, Flo Dwek.

STRENGTHENING STATE SYSTEMS FOR SUBSTANCE ABUSE PREVENTION

INTRODUCTION

“Strengthening State Systems for Substance Abuse Prevention” has been designed to cover a broad variety of practices engaged in, principally but not exclusively, by State Incentive Grantees (SIGs), as they seek to:

- coordinate drug prevention programming across different programs and state entities;
- streamline the flow of prevention funds to local communities;
- make science-based prevention programs a priority; and
- link drug prevention with related State efforts to improve the well-being of children and youths more generally.

Each practice covered in this conference edition document is ongoing in a specific State. Some practices have been in place for several years and have been linked to desirable outcomes. Others are more recent.

Strengthening State Substance Abuse Prevention Systems

Whether the practices are old or new, the objective of this conference edition document is to describe them so that other States may be encouraged by their practicality and use them as a stimulus for taking their own action.

“Strengthening State Substance Abuse Prevention Systems” will continue to evolve as more is learned from the States themselves. For the present, this document focuses on currently known practices with respect to the following functional themes:

- Creating a Readiness for Systems Change by Organizing State Advisory Committees;
- Doing Strategic and Comprehensive Planning for Substance Abuse Prevention;
- Streamlining State Funding Streams in Substance Abuse Prevention;
- Allocating State Funds to Support Local Prevention Services;
- Assisting Local Community Prevention Efforts;
- Collaborating Beyond Substance Abuse Prevention;
- Sustaining State Systems Change.

Each of the following tabbed sections covers a functional theme with three or more practical experiences from different States. The experiences deliberately reflect a diversity of approaches, without making an assumption that some experiences are more exemplary or preferable than

others. Because States differ in their political and organizational structures, in addition to their specific prevention needs and goals, advocating or prescribing a single, best approach or practice would not be constructive.

All States may not undertake or equally value all practices. However, having knowledge about other States' may be helpful. Such sharing is the motive for this document, and CSAP encourages you to share—not only your experiences relevant to strengthening your prevention systems, but your thoughts relevant to how we might strengthen these documents in the future.

***Strengthening State Substance Abuse
Prevention Systems***

CREATING READINESS FOR SYSTEMS CHANGE THROUGH STATE ADVISORY COMMITTEES

Practical Experiences from Montana, Minnesota, New Hampshire, and Kentucky

Advisory committees are a conventional and proven way to marshal support for common action. When driven by leadership from the governor's office or the State legislature, such committees can have the authority to carry out a comprehensive agenda that might include (1) the reorganization or coordination of existing prevention efforts, (2) the coordination and redirection of funding streams, and (3) linkages between State and local prevention programming. All of these contribute to a readiness for systems change.

Advisory committee members often include representatives of multiple State and local offices, as well as consumers and consumer advocates.

The experiences of four States will be presented in this section: Montana, Minnesota, Kentucky, and New Hampshire. All have a State advisory committee; in the

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case of both Montana and Minnesota , the advisory committee’s mandate goes well beyond substance abuse prevention to include crime, violence, and other youth issues. Kentucky and New Hampshire limit their committees’ authority to substance abuse prevention, intervention, and treatment.

The Center for Substance Abuse Prevention’s State Incentive Grant (SIG) program was influential in defining the work of two of the advisory committees—Kentucky and New Hampshire. Montana’s advisory committee shares members with the State’s SIG Advisory Council. Minnesota’s advisory committee predates its SIG Advisory Council by six years.

MONTANA

ESTABLISHING A UNIFIED PREVENTION FRAMEWORK, BUDGET, AND BENCHMARKS

KEY ELEMENTS OF THE PRACTICE:

- Council meetings six times a year to create prevention framework, unified budget, and program benchmarks
- Staff support from prevention agency
- Benchmarks monitored using data collected from multiple agencies and other State sources

Coordinating Interagency Prevention Programs.

Montana's Interagency Coordinating Council (ICC) was created in 1993 by the Montana legislature (MCA 2-15 225).

The statute defines a membership that includes: seven agencies or agency heads (the attorney general, the department of public health and human services, the superintendent of public instruction, the presiding officer of the Montana children's trust fund board, the administrator of the board of crime control, the commissioner of labor and industry, and the State coordinator of Indian affairs); and two persons appointed by the governor who have experiences related to the private or non-profit provision of

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prevention programs and services. Four new participants have been added but can serve only on an ex-officio basis without new legislation to formally expand the Council (the lieutenant governor, head of the department of military affairs, the commissioner of higher education, and the director of the department of transportation).

Among the Council's coordinating functions are:

- Establishment of a Statewide framework for a unified direction,
- Presentation to the legislature of a unified budget for State prevention programs, and
- Development of benchmarks for State prevention program outcomes.

Council Operations and Progress. The Council meets six times a year and is attached to the Governor's Office and supported by a Prevention Resource Center that is part of the department of public health and human services. As one example of the Council's accomplishments, the Council has defined and issued multiple benchmarks for its five goals (see Exhibit 1). The ICC records Montana's annual progress toward these benchmarks by monitoring a variety of State sources that produce the needed data. Other recent accomplishments include the adoption of "Guiding Principles for Effective Prevention," which outlines a Statewide prevention framework for multi-agency use.

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Goals and Benchmarks Prepared by the Interagency Coordinating Council for State Prevention Programs

ICC Goal	Baseline Year	Statistic
Goal 1: Reduce Child Abuse and Neglect by Promoting Child Safety and Health Family Functioning		
Benchmark A: By 2005, reduce the number of substantiated cases of child abuse and neglect by 5 percent	1999	1,160 cases
Benchmark B: By 2005, reduce the maltreatment fatalities of children, aged 17 and under, to zero	1998	1 fatality
Goal 2: Reduce Youth Use of Tobacco, Alcohol, and Other Drugs by Promoting Alternative Activities and Healthy Lifestyles		
Benchmark: By 2005, increase the average age of first use of tobacco, alcohol, and other drugs by at least one year	1999	Tobacco: 12.7 yrs. Alcohol: 12.8 Marijuana: 13.5
Goal 3: Reduce Youth Violence and Crime by Promoting the Safety of All Citizens		
Benchmark A: By 2005, reduce juvenile crimes against persons by 10 percent	1998	1,195 crimes
Benchmark B: By 2005, reduce physical fighting among 9-12 grade students to 28 percent	1999	32.1 percent

ICC Goal**Baseline Year****Statistic****Goal 4: Reduce School Dropout by Increasing the Percentage of H.S. Students Who Successfully Transition from School to Work, Postsec. Educ., Training, or the Military**

Benchmark A: By 2005, reduce the percentage of students who drop out of high school to 4 percent

Benchmark B: By 2005, increase the percentage of the 9th grade that completes high school to 86 percent

Benchmark C: By 2005, increase the percentage of the 12th grade who graduate to 95 percent

Goal 5: Reduce Teen Pregnancy and STDs by Promoting the Concept that Sexual Activity, Pregnancy, and Child Rearing Are Serious Responsibilities

Benchmark A: By 2005, increase the percentage of 9-12 graders who report never engaging in sexual intercourse to 60 percent

Benchmark B: By 2005, reduce the pregnancy rate for 15-17 year-old Montana females to 27

MINNESOTA

PLANNING FOR COORDINATED CRIME, DRUG ABUSE, AND VIOLENCE PREVENTION

KEY ELEMENTS OF THE PRACTICE:

- Coordinating council initially met monthly to establish four workgroups; now meets quarterly
- Each workgroup covers a different topic, collecting and compiling the needed information
- Council coordinates grant funding, legislative proposals, and outcome measures for crime, drug abuse, and violence prevention

Creating a Strategic Plan and Coordinating State Activities. The State Agencies Focused on Effectiveness (S.A.F.E.) Coordinating Council engages State agencies and other key State entities in developing a comprehensive strategic plan to coordinate crime, drug abuse, and violence prevention throughout Minnesota. The planning process includes coordinating efforts related to:

- Funding processes,
- Grant streamlining,
- Legislative proposals, and
- Common outcome indicators.

To date, the council has produced a funding and resource guide (in part supported by a State Incentive Grant from

CSAP), developed a Web site, and proposed legislation for streamlining grants.

Eleven State-level entities comprise the council: public safety; corrections; health; human services; children, families, and learning; planning; economic security; the adjutant general of military affairs; the attorney general; the chief justice of the State supreme court; and the U.S. attorney. The governor expects the commissioners of these State agencies and the other key individuals to be active participants.

Organizing the S.A.F.E. Coordinating Council. The governor signed Executive Order 99-18 to establish S.A.F.E. in September 1999. In preparation for the executive order, the State's Office of Drug Policy and Violence Prevention, which administers the Federal Edward Byrne Formula Grant (from the U.S. Department of Justice) and the State Incentive Grant (from CSAP) held meetings, heard testimonials, and conducted citizen focus groups.

Concerns raised during the meetings include the excessive number of funding streams within the State, the inconsistency of grant processes across State agencies, and difficulties in accessing these resources by local communities.

S.A.F.E. met monthly until workgroups were established. The council now meets quarterly, with four workgroups meeting more frequently as needed, addressing the following topics: grant process procedure streamlining, legislative coordination, evaluation outcome indicators, and availability of chemical dependency treatment.

Strengthening State Substance Abuse Prevention Systems

Progress to Date. S.A.F.E. completed the “Annual Funding and Resource Guide” in April 2000. The guide presents a grid of State funding and resources, includes State agency profiles with brief descriptions of available grants, and is updated regularly on the S.A.F.E. Web site (www.safe.state.mn.us). The Web site also provides information on S.A.F.E.’s background, agency membership, workgroups, staff, and meetings and solicits feedback from users.

Work on streamlining the grants process began with a survey of the administrative procedures of the multiple State agencies. The workgroup used this information to develop overall principles for grant processes and made 14 recommendations for streamlining the process across all State agencies. These included ending the pre-encumbering of grant funds and the delegating of agency signature authority to assure rapid signoff of grant agreements. The State legislature incorporated these principles and recommendations into a new legislative proposal at the 2001 legislative session. However, the recommendations have not yet been enacted into law.

The evaluation outcomes workgroup is striving to develop 5-10 shared outcome indicators to measure progress in prevention programs. These indicators would then be used by all of the relevant State agencies.

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NEW HAMPSHIRE

PLANNING FOR ALCOHOL AND DRUG PREVENTION, INTERVENTION, AND TREATMENT

KEY ELEMENTS OF THE PRACTICE:

- Commission meets bi-monthly
- Legislation defined five task forces, with at least two commission members to serve on each task force
- Commission advises Governor on effective and coordinated prevention services

Statewide Plan for Prevention, and a Comprehensive System of Intervention and Treatment. New Hampshire's legislature created a Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment, effective July 2000 (HB 1606-FN-Final Version). The legislation assigns several duties to the commission, which acts in an advisory capacity to the governor regarding the delivery of effective and coordinated alcohol and drug abuse services:

1. To complete a Statewide plan that identifies causes, prioritizes unmet needs, recommends

- initiatives, identifies public and private resources, and specifies evaluation and monitoring methods;
2. To promote collaboration between and among State agencies and communities, to foster community-based initiatives;
 3. To develop treatment services to meet unmet needs; and
 4. To identify unmet needs and needed resources and recommend legislation and funding to the governor to address the needs.

Although the commission was created by recently enacted legislation, the concept of a commission had been under development for several years. The concept emerged during inquiries by a legislative study committee on the administrative placement of New Hampshire's Division of Alcohol and Drug Abuse Prevention and Recovery. Creation of the commission also was spurred by other conditions, such as an earlier initiative by the governor to establish a "kids cabinet" comprising 11 State agencies dealing with youths. The availability of funds under CSAP's State Incentive Grant also helped influence the process.

Organizing the Commission. The commission has a broad membership that includes: six public members, two members of the State house, two members of the State senate, the commissioners of five State agencies (health and human services, youth development services, education,

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corrections, and safety), the attorney general, the adjutant general, the administrative justice of the district and municipal courts, the chairperson of the liquor commission, and the director of the division of Alcohol and Drug Abuse Prevention and Recovery, who serves as the commission's executive director. The administrative justice of the district and municipal courts serves as the chair.

The legislation defines the commission's five task forces: prevention, intervention and treatment, public awareness/education and public and private funding sources, program monitoring and evaluation, and other special projects and programs. At least two commission members serve on each task force. Similarly, the legislation stipulates that each task force may recommend as many as eight adjunct members to serve for a term of one year.

Progress to Date. The commission holds bi-monthly meetings. The legislation envisioned that the council would complete an initial State plan by January 1, 2001. However, the process of forming the council and organizing its working groups has taken more time than anticipated, and the plan is still under development. Nevertheless, the commission is demonstrating leadership in several initiatives with the governor's Kids Cabinet, State Incentive Program Advisory Board, the Department of Health and Human Services, and the district and superior courts.

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KENTUCKY

COORDINATED PLANNING FOR ALL PUBLIC AND PRIVATE PREVENTION AND TREATMENT SERVICES

KEY ELEMENTS OF THE PRACTICE:

- New State agency and oversight board created by legislation to coordinate prevention and treatment programs
- State board meets quarterly
- State board to help counties create their own local boards
- State board must provide legislature with progress report every six months

Comprehensive (State and Community) Coordination of Prevention. New State legislation (KRS Chapter 12) created the Agency for Substance Abuse Policy (KY-ASAP) as a part of the office of the governor, effective July 15, 2000. The legislation also provided KY-ASAP with \$5 million over a two-year period from its share of the tobacco settlement fund and gave KY-ASAP a broad mission:

- Identifying the most efficient means for using public funds to coordinate all public agencies and private service providers related to substance abuse prevention and treatment;

- Promoting the implementation of research-based strategies that target Kentucky's youth and adult populations; and
- Vigorously pursuing the philosophy that tobacco in the hands of Kentucky's youth is a drug abuse problem because of the addictive qualities of nicotine, and because tobacco is the most prevalent gateway drug that leads to later and escalated drug and alcohol abuse.

To carry out its mission, the legislation also mandated a broad array of 20 specific activities, such as: developing a strategic plan; identifying existing community resources; coordinating local and State agencies; establishing a mechanism for distributing funds to support local efforts; coordinating media campaigns; assuring the availability of training and technical assistance; overseeing an initiative linking schools with community-based agencies and health departments to implement a tobacco prevention effort; and making policy recommendations.

The legislation also mandated that KY-ASAP establish direct links to local communities by establishing in each county a local tobacco addiction and alcohol and substance abuse advisory and coordination board to assist in planning, overseeing, and coordinating the implementation of local programs related to prevention, cessation, and treatment. Each board is to develop a long-term community strategy, addressing the use of all county resources in this strategy.

Organizing KY-ASAP. The legislation created an 18-member board to oversee KY ASAP's activities. The members, representing major State and local entities, are specifically identified, and the board is to meet at least quarterly. Much of the legislation was developed under Kentucky's State Incentive Grant (SIG) from CSAP, as KY-ASAP's responsibilities are consistent with the SIG's strategic plan. However, the legislation went beyond the SIG plan by including adults and treatment issues. In establishing the local level boards, the 18 local coalitions funded as part of the SIG program are given priority consideration. To create further links, the legislation defines specific ways that KY-ASAP is to relate to existing State efforts, including the Kentucky Cabinet for Health Services, in which the Single State Agency is located.

Progress to Date. KY-ASAP's board had its organizational meeting on September 12, 2000, and subsequent meetings in December 2000 and March 2001. Every six months, KY-ASAP must provide the legislature with a progress report. The first report included an extensive description of the role of existing State efforts in the cabinet of health services, including Kentucky's 14 regional prevention centers, and indicated how coordination and accountability were to proceed.

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***Strengthening State Substance Abuse
Prevention Systems***

FACILITATING STRATEGIC AND COMPREHENSIVE PLANNING IN SUBSTANCE ABUSE PREVENTION

Practical Experiences

from Kansas, Colorado, Washington, and New York

To strengthen a State prevention system requires vision and a plan. The systems are complex, the array of prevention issues is diverse, and the necessary organizational changes can be difficult to implement. Comprehensive strategic planning helps to deal with all of these conditions.

Planning processes are likely to be more effective when the following procedures are carried out:

- Representation of all possible stakeholders in the planning process;
- Collaboration of a genuine nature on a shared vision—including goals, objectives, and expectations;
- Development of plans and priorities based on actual data about existing needs, conditions, and resources;
- Establishment of a clear rationale for setting priorities;
- Awareness of implementation barriers and the resources needed for effective action.

Most States have engaged in some degree of strategic planning in their substance abuse prevention efforts. What makes the planning comprehensive is the degree to which all prevention

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funding and programming in a State have been embraced as part of the plan. Comprehensive planning also requires a procedure for periodic updates.

The practical experiences described in this section portray different aspects of strategic planning. The Kansas experience explains the development of an actual strategic plan, while the Colorado experience shows how the plan and the planning process can become a mandated part of State law.

The Washington experience in developing competencies for prevention professionals suggests strategies to follow after completing the strategic plan. Finally, the New York example makes the entire process more dynamic by connecting local experiences to new planning cycles.

KANSAS

ESTABLISHING AND USING A COMMON PREVENTION FRAMEWORK

KEY ELEMENTS OF THE PRACTICE:

- Framework endorsed by Governor's Council
- Framework used throughout State to develop common approach for prevention planning
- State prevention agency continually collects State- and community-level data to assist in implementing Framework
- Data used to assess progress toward Framework goals annually

Features of the Planning Framework. The Kansas Planning Framework consists of a set of concepts and principles for designing, implementing, and evaluating effective substance abuse prevention programs and activities. The Framework promotes an annual prevention needs/risk assessment to (1) maximize resources and establish priorities among the risks to be targeted with prevention funds, (2) provide trend data to track the effectiveness of prevention activities, (3) promote ownership and collaboration across agencies, systems, and constituencies, and (4) place the responsibility for adolescent health and behavior problems on identifiable risk factors. The Framework emphasizes coordination and collaboration

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across agencies and organizations at the State and community levels and use of data on risk and protective factors to plan and evaluate substance abuse prevention programs.

The Framework was developed and endorsed by the Governor's Substance Abuse Prevention Council, composed of the directors of seven State agencies—the Department of Social and Rehabilitation Services, Juvenile Justice Authority, Department of Corrections, Department of Education, Department of Health and Environment, Department of Transportation, and the Office of the Attorney General. It targets three outcomes: (1) reduce alcohol, tobacco, and other drug abuse by children and youth, (2) delay the first use of alcohol, tobacco, and other drugs, and (3) increase negative attitudes about alcohol, tobacco, and other drug abuse by children and youth.

To assist the State and communities in implementing the Framework, Kansas collects a variety of data for State- and community-level prevention planning. Statewide data on risk and protective factors and prevention needs, as well as county-level data for a variety of social indicators, are available. The State also collects data on community changes, such as changes in local prevention policies, programs, and practices, prevention program strategies, and media coverage. Other data are available from Federally funded studies such as the Underage Drinking Needs Assessment Study and the State Incentive Grant program, State- and county-level resource assessments that identify Federal and State investments in prevention programs and services, and information from community forums sponsored by the Governor's Prevention Council. These ongoing data collection efforts

provide useful information for prevention planning and help to measure the Framework's progress.

Use of the Framework. The Kansas Planning Framework serves as the State's comprehensive prevention plan. A recently formed entity, called Connect Kansas, also has adopted the Framework. Connect Kansas, a collaborative effort of the Kansas Action for Children, Kansas Children's Cabinet, Kansas Health Foundation, Kansas State University Research and Extension, Regional Prevention Centers, Research Services of Greenbush, State and community partners that serve children, families, and communities, and the University of Kansas Work Group on Health Promotion and Community Development, provides assistance to communities in identifying and applying proven prevention practices, programs, and strategies, conducting outcome-based community planning, and building communities' capacities to implement sound prevention programs. The Framework has established a common approach and set of principles for prevention planning throughout the State.

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COLORADO

CREATING A PLAN FOR PREVENTION, INTERVENTION, AND TREATMENT SERVICES TO CHILDREN AND YOUTH

KEY ELEMENTS OF THE PRACTICE:

- New division within State agency develops comprehensive State plan, with outcome indicators
- Plan to be reviewed and revised biennially, as necessary

Coordinating State Services to Children and Youth, for Prevention, Intervention, and Treatment. House Bill 00-1342 was signed into law during the 2000 legislative session, calling for the comprehensive planning and coordination of prevention, intervention, and treatment services for children and youth. The bill is an extensive piece of legislation, bringing together State agencies but also coordinating local efforts.

The legislation first establishes a new division within the Department of Public Health and Environment, consolidating many but not all of the relevant programs. The bill then proceeds to define many coordinating processes, the most prominent of which is for the Department to develop a comprehensive State plan applying “...to all prevention, intervention, and treatment programs that

receive State or federal funds and are operated within the State...,” including those programs “...operated by other State departments.”

The legislation calls for the new plan, at a minimum, to:

- Target and prioritize community prevention, intervention, and treatment services needs throughout the State;
- Specify the standards and measurable outcomes anticipated to be achieved;
- Identify all State- and community-based prevention, intervention, and treatment programs that are receiving State and federal funds during the fiscal years covered by the plan;
- Identify the methods by which the new division will encourage collaboration at the local level; and
- Include any other information required by rule of the State board of health.

The plan is to be reviewed and revised biennially, as necessary.

Developing the Approach to Prevention Planning. As early as 1992, the InterAgency Prevention Council (IAPC) began to try to organize the State’s prevention programs into a more comprehensive and coordinated system. Interest continued through 1999, with the Governor and

Strengthening State Substance Abuse Prevention Systems

General Assembly both wanting: to assure the efficient use of State resources; to enhance coordination; and to establish user-friendly State systems that local communities could easily negotiate. The efforts all led to House Bill 00-1342.

In addition to the new division and the biennial State plan, other coordinating processes embodied by the legislation include the goal of having a “system whereby entities may use a single application to seek funding from a variety of prevention, intervention, and treatment programs,” including uniform application dates, selection standards, and monitoring and reporting forms. Programs across ten State departments are to comply with these and other coordinating processes, by entering into memoranda of understanding with the Department of Public Health and Environment. Any agency failing to enter into such an agreement “...shall be ineligible for State funding for operation of a prevention, intervention, or treatment program...” until such time as an agreement has been reached.

Progress to Date. The first State plan had been drafted as of January 2001. In addition to a detailed work plan, the plan includes 75 indicators or measures representing the desired (ideal) outcomes for all Colorado children and youth. Programs funded with State prevention dollars will be asked to link their planned program goals and outcomes with one or more of the performance measures.

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WASHINGTON

DEFINING SKILL STANDARDS FOR PREVENTION PROFESSIONALS

KEY ELEMENTS OF THE PRACTICE:

- Earlier prevention plan had pointed to need for workforce development
- State and local agencies, together with outside experts, define and oversee two year study of prevention professionals' work
- Same group produces skill standards, using data from study
- Skill standards become basis for training program and certificate of competency

Skill Standards for Substance Abuse and Violence Prevention Professionals. The State of Washington issued “A Skill Standard” in November 2000. The report identifies 12 core competencies for prevention professionals (see Exhibit 2), along with “skill standards” or descriptions of the essential elements of a job related to each competency. The report also has a separate section enumerating and providing information about 12 ethical guidelines and principles, derived from a combination of those developed by the National Association of Prevention Professionals and Advocates, Inc., and those identified in

EXHIBIT 2

SIX ELEMENTS OF ESSENTIAL KNOWLEDGE:

- Understanding Substance Use, Abuse, and Dependency
- Understanding Violence
- Understanding Prevention
- Application of New Research to Practice
- Prevention Frameworks and Implications Associated with Their Use
- Matching Services to Needs and Strengths of Focus Populations

SIX ESSENTIAL JOB FUNCTIONS:

- Perform Community Assessment
- Provide Services to Intended Populations
- Monitor and Evaluate Program Delivery
- Develop Program Resources
- Increase Public Awareness
- Maintain and Enhance Competencies

the publication “Skill Standards for Chemical Dependency Counselor.”

The skill standards report is intended to be used as a career development tool for use by aspiring prevention professionals and persons already employed in the prevention field. The report also includes performance indicators and the identification of skills necessary to do prevention work, and therefore the report has utility as a tool for workplace supervision.

Strengthening State Substance Abuse Prevention Systems

The effort was led by the Division of Alcohol and Substance Abuse in the Department of Social and Health Services, which also sponsored formal training for working prevention professionals, as described below.

Development of the Skill Standards. The need for the workforce development arose during late 1998 as Washington developed its substance abuse prevention plan, which in turn had been facilitated by a State Incentive Grant from the Center for Substance Abuse Prevention (CSAP). The planning process had uncovered three conditions leading to the need for workforce development: 1) recurrent reports of high workforce turnover; 2) concerns about prevention professionals' abilities to respond to increasingly detailed requests for information about their planning and implementation processes; and 3) a sense of frustration that current continuing education and training opportunities were inadequate to meet prevention professionals' needs.

A collaboration of State and local agencies, as well as experts from external organizations, produced the skill standards. The key individuals comprised a workgroup representing a broad cross-section of prevention professionals. The workgroup helped to define and oversee a two-year study about prevention professionals' work, including: (1) an initial general survey of prevention professionals and their working conditions; (2) the development of skill standards by a focus group of direct service prevention professionals; and (3) a second survey of prevention professionals that validated the skill standards.

Continuous Professional Development. The skill standards form the basis for a formally developed training curriculum and process for working prevention professionals. The process extends for nine months and begins with a one-week basic orientation. Three, three-day modules are then interspersed throughout the ensuing months. Participants gather for a module and then practice their learnings back on the job. Upon completion of the program, participants receive a certificate of competency from the Division of Alcohol and Substance Abuse.

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NEW YORK

IMPROVING THE COMPETITIVENESS OF LOCAL COMMUNITIES

KEY ELEMENTS OF THE PRACTICE:

- Agency subcommittee identifies State RFAs that solicit applications for prevention funding from local communities
- Subcommittee analyzes unsuccessful applications and contacts communities that did not apply at all
- Subcommittee recommends changes in the RFA process, to increase the chances for communities to be more competitive in future funding opportunities

Analyzing the Pattern of Applications, to Define Ways of Improving Communities' Competitiveness. As in other States, New York makes funds available for local communities to implement prevention services. The local communities apply for these funds by responding to one or more Requests for Applications (RFAs) issued by the State. New York, however, goes one step further—analyzing not only the unsuccessful applications but also identifying those communities that might not have applied at all—with the goal of identifying new procedures to increase the chances that the communities will compete successfully for grant funding in the future.

To address the problem, a Training and Capacity Building Subcommittee—created by New York’s State Incentive Cooperative Agreement (SIG) Advisory Council—analyzed the pattern of responses to selected RFAs that (1) required multi-system partnerships; (2) sought to achieve systems level change; or (3) required public-private sector partnerships. Included in the review were noncompetitive applications to obtain funds from three sources: SIG sub-recipient monies, Integrated County Planning (ICP) funds, and ACT for Youth funds. The review revealed that:

- Four counties had not applied for any of these grants;
- Six counties had applied for all three grants, but had not received funding; and
- 17 other counties had applied for at least two of the three programs (or had applied for one and sent a letter of intent to apply for another, but did not follow through) and had not received funding for any.

The subcommittee sent a letter to each county that did not submit an application for funding, to ask why the county had chosen not to apply. In addition, the subcommittee analyzed reviewers’ comments for each unsuccessful application.

Counties that did not submit an application cited several reasons: lack of information about the RFAs; insufficient staff to prepare the application; deadlines that were too short; and feelings that they would not be competitive. An analysis of reviewers’ comments identified three categories

of deficiency: incomplete applications; prematurity regarding collaboration with other organizations and agencies; or applications that did not meet the proposal requirements.

Recommendations to Improve Counties' Capacity to Compete Successfully for State Prevention Funds. Based on these findings, the subcommittee drafted recommendations to improve the RFAs and the review process. Recommendations included revising application policies to encourage more submissions: enabling and encouraging prospective applicants to ask questions during the proposal process; instituting more flexible application deadlines; and preparing fact sheets to be included in an application packet that provide guidance on preparing a competitive proposal. The subcommittee also recommended: providing technical assistance to applicants; allowing more flexibility in funding local efforts that appear strong, but do not fit the application criteria exactly; awarding planning grants; and developing a streamlined and generic application process to be used by all State agencies.

Other recommendations were directed at the RFA review process: conducting reference checks; making random calls to stakeholders listed in the applications; conducting site visits and phone interviews with applicants; and requiring applicants to present their proposed project before the reviewers.

As a result of the subcommittee's analysis and recommendations, New York hopes to improve the capacity of its counties to prepare competitive grant applications. With better applications from these counties, the State hopes

more counties will receive funding for substance abuse prevention services in the future.

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COLORADO

DOING STRATEGIC AND COMPREHENSIVE PLANNING IN SUBSTANCE ABUSE PREVENTION:

Coordinating State Services to Children and Youth, for Prevention, Intervention, and Treatment. House bill 00-1342 was signed into law during the 2000 legislative session, calling for the comprehensive planning and coordination of prevention, intervention, and treatment services for children and youth. The bill is an extensive piece of legislation, bringing together State agencies but also coordinating local efforts.

The legislation first establishes a new division within the Department of Public Health and Environment, consolidating many but not all of the relevant programs. The bill then proceeds to define many coordinating processes, the most prominent of which is for the Department to develop a comprehensive State plan applying “...to all prevention, intervention, and treatment programs that receive State or Federal funds and are operated within the State...,” including those programs “operated by other State departments.”

The legislation calls for the new plan, at a minimum, to:

- Target and prioritize community prevention, intervention, and treatment services needs throughout the State;

- Specify the standards for and measurable outcomes anticipated to be achieved;
- Identify all State-and community-based prevention, intervention, and treatment programs that are receiving State and Federal funds during the fiscal years covered by the plan;
- Identify the methods by which the new division will encourage collaboration at the local level; and
- Include any other information required by rule of the State board of health.

The plan is to be reviewed and revised biennially, as necessary.

Developing the Approach to Prevention Planning. As early as 1992, the InterAgency Prevention Council (IAPC) began to organize the State’s prevention programs into a more comprehensive and coordinated system. Interest continued through 1999, with the Governor and General Assembly both wanting: to assure the efficient use of State resources; to enhance coordination, and to establish user-friendly State systems that local communities could easily negotiate. The efforts all led to House Bill 00-1342.

In addition to the new division and the biennial State plan, other coordinating processes embodied by the legislation include the goal of having a “system whereby entities may use a single application to seek funding from a variety of prevention, intervention, and treatment programs,” includ-

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ing uniform application dates, selection standards, and monitoring and reporting forms. Programs across ten State departments are to comply with these and other coordinating processes, by entering into memoranda of understanding with the Department of Public Health and Environment. Any agency failing to enter into such an agreement "...shall be ineligible for State funding for operation of a prevention, intervention, or treatment program..." until such time as an agreement has been reached.

Progress to Date. The first State plan had been drafted as of January 2001. In addition to a detailed work plan, the plan includes 75 indicators or measures representing the desired (ideal) outcomes for all Colorado children and youth. Programs funded with State prevention dollars will be asked to link their planned goals and outcomes with one or more of the performance measures.

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Streamlining State Prevention and Funding Systems

Practical Experiences from Montana, North Dakota, and Maine

The organization of State agency funding streams has great impact on the State prevention system. Redundant arrangements at the State level may produce redundant prevention programming at the local level. Gaps in prevention coverage at the State level may leave gaps at the local level, while efficiencies achieved at the State level may lead to like efficiencies at the local level. Overall, the streamlining of State agency funding streams is key to “systems change.”

Historically, multiple State agencies have become involved in prevention programming, leading to multiple initiatives in local communities. For instance, prevention programming and funds may emphasize health promotion, school activities, or the juvenile justice system—thereby falling under the jurisdiction of three different State agencies (the State health department, State education agency, and State juvenile justice system). Recently, concerns have arisen regarding the potential “mixed messages” created by these multiple initiatives. Moreover, many States find it difficult to identify, much less coordinate, all of the prevention funding available among State agencies.

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When the preceding conditions prevail, streamlining the State's prevention funding streams may become attractive. For some States, coordinating prevention programming under a single State agency or coordinating prevention funding streams are desirable options. For other States, coordinating information about programs and funding sources may be sufficient. In every State, examining the options and administrative actions should all be part of an earlier, strategic planning effort undertaken by the State.

The three practical experiences reported in this section show how three States have dealt with their organizational or funding arrangements in an efficient manner. In Montana, information about funds from different sources is presented in a unified manner, but the responsibilities for the actual budgets remain in separate agencies. In North Dakota, an interstate agency team coordinates funding streams. In Maine, reorganization has led to a single agency being responsible for all prevention (and treatment) funding and programming.

MONTANA

COMPILING A UNIFIED BUDGET

KEY ELEMENTS OF THE PRACTICE:

- Five youth-based goals defined and organized according to five goals
- Unified budget published as part of governor's executive budget

A Unified Budget. Montana's Interagency Coordinating Council for State Prevention Programs (ICC) is legislatively mandated to:

“Prepare and present to the legislature and to the appropriate standing and interim legislative committees a unified budget for State prevention programs, which must be published in the Governor's executive budget” (MCA 2-15-225).

The unified budget is but one of several functions conducted by the ICC. The budget is a compilation of multi-agency prevention programs, but is not a “functional budget,” as all budget items in the unified budget also are listed within their specific agency budgets.

The ICC has organized the unified budget according to the five youth-based goals that guide its work: (1) reduce

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child abuse and neglect by promoting child safety and health family functioning; (2) reduce youth use of tobacco, alcohol, and other drugs by promoting alternative activities and healthy lifestyles; (3) reduce youth violence and crime by promoting the safety of all citizens; (4) reduce school dropout by increasing the percentage of high school students who successfully transition from school to work, postsecondary education, training, or the military; and (5) reduce teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy, and child rearing are serious responsibilities.

For each of the five goals, the unified budget identifies the specific programs, their annual budgets, and the benchmarks or targets for each goal. The cross-program budget for each goal is then totaled. The resulting tabular presentation then permits cross reference between targets and resources.

For the FY2002-2003 biennial budget, the ICC identified 28 programs, totaling \$57.9 million. Of this amount, 68.9 percent was to come from Federal sources, 30.0 percent from the State's general fund, 0.7 percent from State special revenues, and 0.5 percent from other sources. The 28 programs cut across divisions in seven of the State's departments: public health and human services; public instruction; board of crime control; corrections; higher education; labor and industry; and military affairs.

Events Leading to the Unified Budget. The ICC was created in 1993. In 1996, the Prevention Resource Center was established in the Department of Public Health and Human

Services, to serve as staff to the Council. In 1997, the previously referenced legislative mandate was passed. In 1999, besides assembling the unified budget, the Council also began to review and comment on State and Federal funds prior to their expenditure.

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NORTH DAKOTA

COORDINATING MULTIPLE FUNDING STREAMS IN DRUG AND OTHER PREVENTION

KEY ELEMENTS OF THE PRACTICE:

- Governor’s advisory board establishes funding guidelines
- Cross-agency team meets monthly and helps coordinate grant-making processes of various State agencies
- Team also creates map showing where funds have been awarded, identifying communities that have not received awards and making sure they have needed access to funding streams

Coordinating the Distribution of Prevention Funds.

Two groups in North Dakota—the Governor’s Advisory Board for Substance Abuse Services (the “Board”) and the Intrastate Agency Prevention Team (ISAPT)—collaborate to ensure optimal use of substance abuse prevention funds in the State. The board, created by a previous governor, establishes guidelines for drug and alcohol programs and reviews funding awards for substance abuse prevention, intervention, and treatment services against these guidelines. The ISAPT, created by the division of mental health and substance abuse services within the department of human services, helps to coordinate the grant-making processes of State agencies that provide funding for sub-

stance abuse prevention. It also ensures that funds are distributed equitably both to maximize and avoid duplication of prevention services. The ISAPT meets monthly when the State legislature is in session and quarterly at other times.

The Board has 18 members, including the directors of several State offices and departments: Children's Coordinating Council, Indian Affairs Commission, Highway Patrol, National Guard, Bureau of Criminal Investigation, Division of Community Service, and the Departments of Health, Human Services, Correction and Rehabilitation, Public Instruction, and Transportation; as well as State and non-State agency representatives from the Drug and Violent Crime Policy Board and a representative from a community-based addictions treatment agency. Representatives from each of the following State agencies and organizations sit on the ISAPT: Children's Coordinating Council, Indian Affairs Commission, Highway Patrol, National Guard, Attorney General, Supreme Court, and the Departments of Public Instruction, Transportation, Juvenile Justice, Human Services, and Health.

Recently, the ISAPT influenced the distribution of funds to counties for preventing underage drinking. Funds from the U.S. Department of Transportation required that funds be spent for law enforcement activity in areas where crashes related to driving-under-the-influence have occurred. Funds available from the Office of Juvenile Justice and Delinquency Prevention's Enforcing Under Age Drinking Laws program did not have this restriction. With information on the locations of DUI-related crashes across the State, provided by its representative from the Highway

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Patrol, the ISAPT was able to determine which funds should be given to each county.

Benefits at the State and County Levels. The ISAPT is developing regional maps that show where State and Federal prevention funds have been awarded. The maps plot funding from the U.S. Department of Education's Safe and Drug-Free Schools and Communities program, SAMHSA's Substance Abuse Prevention and Treatment Block Grant, the U.S. Department of Transportation's 401 program, and Traffic Safety Funds across the State. The ISAPT uses these maps to inform communities about the funds that support various prevention activities in the region and the agencies and organizations that are receiving these funds. Communities also are expected to use the maps when developing comprehensive prevention plans and to engage recipients of prevention funds in prevention planning activities.

The coordination of prevention programming that is fostered by the ISAPT and Governor's Advisory Board enables State agencies and community-level organizations to use the available prevention funding efficiently. Representatives on both groups share information about prevention service needs, enabling funding to be targeted to programs and communities most in need. Additionally, by mapping and communicating with each other about the location of specific services, access to and use of these services is enhanced.

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MAINE

COORDINATING MULTIPLE FUNDING STREAMS IN PREVENTION AND TREATMENT

KEY ELEMENTS OF THE PRACTICE:

- Transition to single agency completed by 1996, based on earlier legislation
- Agency issues RFPs that can represent funds from multiple sources

A Single Agency for Substance Abuse Funding Streams.

Maine's Office of Substance Abuse (OSA) is the single State agency responsible for all substance abuse funding, including prevention and treatment. For prevention, OSA has complete fiscal and programmatic responsibilities for the following funding streams:

- The SAPT block grant (both prevention and treatment);
- Safe and Drug-Free Schools and Communities funding (both the school-based portion and the Governor's portion);
- The U.S. Office of Juvenile Justice and Delinquency Prevention's (OJJDP) underage drinking monies;
- Information management monies; and
- The portion of Maine's tobacco settlement monies

directed toward substance abuse services (about \$5 million of the \$60 million total settlement funds, of which about \$750,000 is targeted for prevention services).

When OSA issues an RFP on a given topic—e.g., implementing environmental strategies—the funds for the subsequent awards come from multiple funding streams. For example, an RFP for implementing environmental strategies pools monies from OJJDP, Safe and Drug-Free Schools and Communities, and tobacco settlement funds. Local communities therefore need only respond to a single RFP on a given topic.

OSA also deliberately coordinates treatment and prevention efforts. For example, its treatment staff helps to develop prevention RFPs and vice-versa. Similarly, site visits to local programs can include members of both treatment and prevention staffs.

Working Toward a Single Agency. The transition to a single State agency began in 1993 and was completed by 1996 (the enabling legislation, “An Act to Strengthen the Coordinated Delivery of Substance Abuse Services in the State,” had been passed in 1994). Previously, separate prevention-related funding had existed in the State’s department of education, its department of mental health and mental retardation, and in its substance abuse office—which was a separate executive agency reporting directly to the governor. All of these efforts were eventually merged together under OSA.

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The transition to a single State agency required both legislative and executive branch actions. For instance, the new legislation gave OSA oversight over the block grant and tobacco settlement monies; an executive order by the governor shifted the responsibilities for the OJJDP monies; and a memorandum of understanding was signed on July 1, 1996 between OSA and the department of education—to transfer responsibilities over the Safe and Drug-Free Schools and Communities funds because of the Federal requirement that State departments of education serve as the fiscal and programmatic agent for these funds.

Outlook. The main benefit of a single State agency overseeing multiple funding streams is minimizing burden on local communities. In addition to streamlining the RFP process, OSA also has reduced duplication of local data collection by calling for a single survey instrument and a single administration at the local level. The resulting data can be shared by community-based agencies and school systems for monitoring and evaluation purposes.

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Allocating State Funds to Support Local Prevention Services

**Practical Experiences
from New Mexico, New York,
Indiana, Oregon, and Massachusetts**

All States share a common responsibility to allocate funds to support local prevention services. The sources for these funds may be Federal agencies, State appropriations, or special sources such as private foundations and tobacco settlement monies.

The State's role is to devise a rational method for distributing the funds to local communities, so that they can then implement specific prevention services. Most frequently, the State issues a solicitation for applications or a request for proposals (RFP), to which local communities respond by submitting their applications. The State then reviews the applications and awards funds to the winning applicants.

Over the years, the proliferation of prevention programs from Federal or other sources has led States to develop multiple solicitations, each having its own requirements and application formats. Further, the multiple solicitations

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are often issued by different State agencies, potentially resulting in duplication of activities at both State and local levels. These circumstances also create a burden on local communities, which must monitor a complicated array of application topics and deadlines.

The five practical experiences described in this module illustrate how States are beginning to address the inefficiencies of multiple solicitations and to link funding to priority topics. For instance, New Mexico is in the final stages of testing a common RFP that cuts across agencies and prevention programs. Since 1997, New York's major substance abuse agency has used its common solicitation to focus entirely on supporting science-based prevention programs. A challenge facing New York is to expand the practice to include other State agencies.

Oregon and Indiana also have implemented common arrangements, but are pursuing different strategies: Oregon has negotiated Memorandums of Agreement with all of its counties and tribes that emphasize comprehensive planning and the building of local partnerships to implement locally defined priorities. Indiana has devoted major prevention funds to a single, State-defined program initiative. Both strategies have shown early, if not solid, signs of success.

The final example, Massachusetts, illustrates another facet of a State's role in allocating funds—debriefing and working with unsuccessful local applicants.

NEW MEXICO

DEVELOPING A COMMON RFP TO APPLY FOR PREVENTION FUNDS

KEY ELEMENTS OF THE PRACTICE:

- State agency designs common RFP, focusing on ease of use and streamlining of application and review processes
- Common RFP being piloted, with customer satisfaction survey to be conducted this year
- Discussions underway to expand use of RFP to other departments

Common Request for Proposal (RFP). In 2000, New Mexico started to use a single RFP to solicit applications for substance abuse prevention services. Local applicants may submit proposals for any of three types of services:

1. Coalition-driven comprehensive programs that include specific Synar interventions;
2. Science-based prevention programs for youth in kindergarten through sixth grade and their parents and families that also include specific Synar activities; or
3. Science-based prevention programs for youth, ages 12 to 17.

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If an applicant wishes to conduct more than one type of service, it needs to submit only one proposal, not separate proposals as in the past. Proposals are judged using the same evaluation criteria and number of points, regardless of the type of service proposed.

During the 2001 fiscal year, New Mexico is using its common RFP to award \$4.7 million in substance abuse prevention programming. These funds come from several Federal and State funding sources: the Safe and Drug-Free Schools and Communities program, the SAPT, the Center for Substance Abuse Prevention's State Incentive Grant program, and the State's general fund.

The nature and scope of the three types of services covered by the RFP are different. However, the State expects each type of service to help advance the overall mission of the Behavioral Health Services Division (BHSD) of the New Mexico Department of Health and to demonstrate substantial outcomes and impact in reducing the incidence of alcohol, tobacco, and other drug use. The proposed services, regardless of type, also should embrace a common set of principles and expectations, such as comprehensive community-wide planning, targeting of risk and protective factors, use of diverse prevention strategies (e.g., alternative activities or environmental strategies), implementation of services in multiple domains, cultural relevance and competence, as well as others outlined in the RFP.

Experience Using the Common RFP. In 1992, a common RFP had been used by other divisions of the Department of Health, but the RFP was discontinued when applicants and staff found it too complex and difficult to use. The new common RFP has been designed to be simpler for applicants to use and to facilitate management of the application, review, and award process by BHSD staff.

BHSD staff already report that the common RFP reduces the likelihood of duplication of services. The shared set of requirements across the different funding sources covered by the RFP—and therefore across all types of services—also is helping the State to conduct a comprehensive evaluation of its substance abuse prevention activities.

Future Use of the Common RFP. The BHSD plans to distribute a customer satisfaction survey to organizations that submitted proposals using the common RFP in the 2001 fiscal year to solicit feedback on the RFP format. Discussions also are underway about expanding the RFP to other divisions of the Department of Health and to other departments in State government. An ad hoc subcommittee of the State's Cooperative Agreement Advisory Committee, composed of representatives from all State agencies, also has advised other divisions of the Department of Health to use the BHSD's common RFP as a model for their program solicitations. The Secretary of Health's Improving Health Initiative and the Department of Children, Youth and Families already have modified the BHSD's common RFP for their programs.

*Strengthening State Substance Abuse
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NEW YORK

GIVING PRIORITY TO OUTCOME- AND SCIENCE-BASED PREVENTION FUNDING

KEY ELEMENTS OF THE PRACTICE:

- State agency uses CSAP guidelines to define science-based programs
- Guidelines are incorporated into the agency's RFPs, which also call for applicants to submit annual, results-oriented workplans

Science-Based Prevention Programs and Results-Focused Prevention Workplan. New York State's Office of Alcoholism and Substance Abuse Services (OASAS) has an annual budget of about \$80 million for prevention that includes the SAPT block grant, the governor's portion of the Safe and Drug-Free Schools and Communities funds, and State appropriations for alcohol and substance abuse services.

To support local services, OASAS commonly issues an omnibus solicitation that can cover: residential and outpatient treatment programs; vocational rehabilitation counseling; job development and placement; and prevention services. The solicitations are for local applications ranging from \$60,000 to \$80,000 per year, to provide either drug treatment or drug prevention services. Since 1997, these solicitations have increasingly encouraged

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“...applications that seek funding to implement a particular ‘science-based’ approach, based on the identified needs of a county/community” (Planning Supplement Two, July 2000, p. 12). The guidance for prevention is considerably detailed and is based on the risk and protective factor framework.

The call for science-based prevention programs is based almost entirely on the definitions and identities of such programs as given by the Center for Substance Abuse Prevention (CSAP). For instance, OASAS’s Planning Supplement Two (July 2000) makes extensive reference to CSAP’s work, containing several pages that incorporate the totality of CSAP’s definitions of five levels of prevention programs.

In addition to the focus on science-based prevention, all successful applicants have had to submit annual workplans to OASAS. OASAS provides explicit guidance for the components of these workplans (see Exhibit 3), deliberately making them results-oriented. The workplan focuses both the service provider and the funding agency on “results achieved, rather than on activities completed;” further “Focusing on results increases the probability that the intended outcomes will occur, and provides indications that movement toward preventing substance abuse is occurring” (Workplan Guide, 2000, p. 9). Principles underlying the workplan also parallel directly the four principles of effectiveness required since July 1, 1998, under the Safe and Drug-Free Schools and Communities Act.

EXHIBIT 3

WORKPLAN COMPONENT	PAGE NO.
Cover Sheet (Provider Information)	1
Progress Report of Previous Year	2
Needs Assessment/Target Population	3
Performance Targets	4
Service Approach(es)--Effective Research-Based Approaches	5
Verification of Performance Target Achievements	6
Milestone Chart	7
Quarterly Milestone Report	8

Development of Science-Based Programming Strategy.

OASAS first applied for a State Incentive Grant (SIG) from CSAP in 1997. Even though the application was not successful, it provided an occasion for inspiring OASAS to move toward science-based prevention programming and away from its traditional funding strategies.

After the new approach was adopted in the 1997 solicitation, OASAS again applied for a SIG award from CSAP. This time, the application was successful. OASAS's participation in the SIG program has further reinforced its position on science-based prevention, reflected by the increasing elaborations in the subsequent 1998, 1999, and 2000 solicitations. A new challenge presented by the SIG has been for OASAS to work collaboratively with other State agencies, to influence other prevention funding to move toward science-based programming.

***Strengthening State Substance Abuse
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INDIANA

SUPPORTING SPECIFIC DIRECT SERVICE PROGRAMS, STATEWIDE

KEY ELEMENTS OF THE PRACTICE:

- Agency issues highly specific program announcement
- Only local coalitions may apply, and they must follow structured series of activities, including conducting an evaluation
- All funding must be directed to support afterschool programs
- Coalitions also may receive performance bonuses by accomplishing certain administrative objectives

Research-Based and Outcome-Focused Prevention Programming. Starting in 1997, Indiana's Division of Mental Health (DMH) redirected more than \$5 million per year in prevention funding to afterschool prevention programs. This redirection reflects the State's decision to use research, showing that most new drug experimentation by youths occurs between the hours of 3 p.m. and 6 p.m. on school days, to target its prevention activities. Program participants are to be youth in grades 7 through 9.

The program announcement is highly specific. Only local coalitions are eligible to apply for funding. Applicants are

Strengthening State Substance Abuse Prevention Systems

required to conduct a structured series of activities and focus on specific outcome objectives related to reductions in alcohol, inhalant, tobacco, and marijuana use. Each program must focus on two types of prevention activities (e.g., refusal skills/resistance training, violence prevention, conflict resolution) and provide at least 40 contact hours on at least 15 different days over a period of at least 6 weeks. At least 10 hours of the programming must be directly and readily identifiable as focusing on drug prevention. Additional hours may focus on other activities related to the program's outcome objectives. All programs are required to conduct an evaluation and must work with the Indiana Prevention Research Center at Indiana University to implement their evaluation plans.

The State also has established a system of performance bonus payments for afterschool programs that accomplish certain objectives: (1) the program supervisor is designated as a qualified prevention professional on the first day of the program, (2) all program reports, enrollment and completion survey forms, and outcome evaluation activities are correctly completed and submitted in a timely manner, (3) the program is conducted in accordance with the approved application, and (4) the program supervisor attends all required training activities, participates in coalition activities, and attends an annual Statewide conference. Programs receive performance bonuses only if all of these objectives have been met.

Results of Indiana's Approach to Prevention. The State's redirection of prevention funds to afterschool programs has increased the number of hours youth participate in substance abuse prevention programming—from less than 20,000 contact hours in 1996-1997 to nearly one million contact hours in 1999-2000. Although the number of prevention programs for youth has increased fifty-fold, the overall cost to the State for these programs is roughly the same as it was before.

Indiana now has over 500 more prevention programs than it did just three years ago, reaching almost every county in the State. This dramatic increase in prevention programming corresponds closely with the decline in new drug use by Indiana's youth. Use of alcohol has declined since 1998. Tobacco use also has declined dramatically. Nearly two-thirds of the decline has occurred among youth in the age range targeted by the afterschool programs.

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OREGON

USING MEMORANDUMS OF AGREEMENT BETWEEN STATE AND LOCAL ENTITIES

KEY ELEMENTS OF THE PRACTICE:

- State creates separate agreements with all 36 counties and nine tribal nations
- Each local entity must designate a prevention coordinator and develop a comprehensive plan, integrating all local strategies and resources

Coordinated Prevention Planning. Rather than issuing competitive RFPs to local entities under its State Incentive Grant (SIG) program funded by the Center for Substance Abuse Prevention, Oregon's Office of Alcohol and Drug Abuse Programs (OADAP) made funds available through Memorandums of Agreement. Separate agreements were made with all 36 counties and nine recognized tribes in the State, and Oregon has been one of the few SIG States to have made funding available to communities throughout the entire State. The outreach also was significant in that the State previously had not had any formal relationship with several of the tribal regions.

The Memorandums of Agreement (MOAs) require that each county or tribe designate a prevention coordinator to be responsible for planning, developing, coordinating, and

implementing county-wide or tribal comprehensive prevention services. The services should integrate local prevention strategies and resources, to create a continuum of care including efforts by community coalitions, targeted prevention, early intervention, referral, treatment, and aftercare. Each county and tribe had to develop a local alcohol, tobacco, and other drug abuse prevention plan that:

- Describes efforts to coordinate services;
- Describes how efforts and services would be sustained beyond the period of the SIG funds;
- Employs a “logic model” that began with a needs assessment and included an evaluation plan;
- Describes how science-based practices and principles would be used to accomplish the locally-identified goals and objectives; and
- Shows how risk and protective factor domains had been integrated.

In addition to budgets, the plans also had to describe the involvement of local government and appropriate local agencies, organizations, and stakeholders—representing diverse community populations—in the planning and implementation processes.

Outlook and the Continuing State-Local Partnership.

The MOAs’ coordinated planning has led to improved prevention programming and increased funding. Because of the encouragement to create local partnerships within counties and tribes, local welfare, juvenile crime, children and families services, mental health, education, and

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substance abuse agencies have increased their collaboration in grant-writing for other resource opportunities. In addition, OADAP staff believe that the prevention coordinators in the counties and tribes also have been instrumental in leveraging new funds for their communities. Among the new awards received across the State have been 14 new “drug-free communities” grants from the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), and three tribes were awarded funds for the first time from OJJDP’s Native American Youth Anti-Violence, Anti Drug program.

The MOAs have been a way for the State to recognize that each county and tribe has different local systems in place and to offer flexibility in defining and implementing local development processes. Further, because tribes are sovereign nations that are equal to the State, the MOA was most appropriate in that it recognized and established a partnership between the State and the local entity.

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MASSACHUSETTS

DEBRIEFING NON-SUCCESSFUL LOCAL APPLICANTS AS A CAPACITY-BUILDING STRATEGY

KEY ELEMENTS OF THE PRACTICE:

- Non-successful applicants request debriefing
- State agency provides all related information for applicants to review, prior to debriefing
- Application is discussed in a one-hour debriefing

In making awards to subrecipients under CSAP's State Incentive Grant (SIG) program, the Massachusetts SIG (MassCALL) used an applicant debriefing practice—which had been a longstanding part of the Department of Public Health's overall bid award policies—as a deliberate part of the SIG's overall capacity-building strategy. The practice provides an opportunity for non-successful bidders to request a debriefing following the award of a contract and is consistent with the State's procurement regulations.

The procedure begins with a written request by the applicant. In the case of MassCALL, the State initially made 23 subrecipient awards from a pool of 38 applicants. Of the 15 non-successful applicants, seven requested a debriefing. On the day of the debriefing, non-successful applicants were given an opportunity to read all applications and

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reviewers' comments. During the one-hour debriefing, issues were then raised about the nature of the competition and the scoring procedure. Issues also were raised in relation to the SIG's call for science-based prevention programs. The debriefing procedure gave MassCALL an opportunity to clarify the nature of science-based programs and the rationale for promoting the use of such programs. The applicants, in turn, could use the lessons learned to improve the quality of subsequent applications to other sources—including other State sources of funding. In fact, two of the non-successful applicants later received funding from other Federal and State sources.

Two of the seven applicants also filed additional appeals to seek further review and re-scoring of their applications. In particular, they argued that the information that was provided on program outcomes was sufficient and that this part of the application should have received a higher score. The deputy commissioner in the Department of Public Health served as the appeals officer and ruled that the original review and the resulting score were fair and appropriate. The appeals were unsuccessful. Nevertheless, the application and debriefing process helped to build the capacity of community-based organizations to apply successfully for other Federal and State prevention funding.

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Assisting Local Community Prevention Efforts

Practical Experiences from Washington, Pennsylvania, Illinois, and Kansas

Beyond funding of local prevention services (see previous section), States also assist local efforts. These local community efforts tend to follow a common cycle:

- Planning;
- Implementing the prevention programs;
- Monitoring the programs; and
- Evaluating the results.

Practical experiences from four States illustrate how State assistance can help at each stage of the cycle.

At the planning phase, Washington State helps all of its counties by providing needs assessment data on a county-by-county basis. The State's participation assures that counties will have such data and promotes a unified, comprehensive approach to prevention.

As another example of assistance at the planning phase, Pennsylvania provides its counties with computer software that helps communities match their prevention programming with the results of their original needs assessment. The software also identifies about 50 science-based

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prevention programs that address specific risk and protective factors. The use of the software helps counties meet a State requirement for comprehensive, outcome-oriented planning to improve prevention programming.

At the implementation phase, an Illinois guideline for local communities reflects this increasing preference for “science-based” (or, in Illinois, “evidence-based”) prevention practices. The change represents a major shift in prevention programming across the country during the past three years. This new focus has presented a new challenge for local communities: that of monitoring the “fidelity” of a prevention program—the match between a prevention program’s design and its implementation.

Kansas is involved in the final phase of evaluation through its annual surveys of drug use by youths. Because the survey is based on a census rather than sampling strategy, data are made available for individual schools and assist individual communities across the State.

WASHINGTON

PROVIDING COMMON NEEDS ASSESSMENT DATA FOR LOCAL PREVENTION PLANNING

KEY ELEMENTS OF THE PRACTICE:

- State agency collects and reports needs assessment data in a single document
- Counties review and use data to define priorities, including requests for State funding
- Common data source facilitates coordination across State agencies as well as unified State/local planning

Counties' Use of Common Needs Assessment Data. All counties in Washington State use common data for planning and requesting funding for substance abuse prevention programs and services. The needs assessment data are reported in a single document, Risk and Protection Profile for Substance Abuse Prevention Planning in Washington State, and include information on youth substance abuse, related problem behaviors, and risk and protective factors at the national, State, and county levels. County agencies and local organizations use the data to identify problems needing to be addressed by prevention services and to justify requests for funding from multiple State agencies, including the Traffic Safety Commission, the Department

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of Health, the Office of the Superintendent of Public Instruction, the Department of Community, Trade and Economic Development, the Department of Corrections, and the Department of Social and Health Services. The State uses Hawkins' and Catalano's framework on risk and protective factors to guide its selection of data elements to include in the Risk and Protection Profile. Presentation of common data across all counties in the State and comparison of these data to State and national averages enables county agencies and others to implement a science-based approach to prevention planning. The Division of Alcohol and Substance Abuse within the Washington State Department of Social and Health Services compiles county data on substance abuse and related problems from student surveys and archival records. The Washington State Survey of Adolescent Health Behaviors provides annual State-level data on youth substance use and abuse, as well as risk and protective factors. The Monitoring the Future survey produces similar data at a national level.

The Risk and Protection Profile has eight sections. The first section provides State and national data on alcohol, tobacco, and other drug use. The next four sections present survey and archival data on risk and protective factors in four domains—community, school, family, and individual/peer. The sixth section includes archival data on other problem behaviors. The seventh section presents profiles for each county in Washington, comparing the data to Statewide averages and to other counties that are demographically similar.

Within each county, a committee composed of representatives from agencies addressing traffic safety, health, trade and economic development, education, and substance abuse convenes to review the data. Using the data, the committee identifies the county's priorities and projects and services for which agencies and organizations within the county will request funding from the State.

The Development Process. Washington State was a member of a six-State consortium that received a State Needs Assessment contract from the Center for Substance Abuse Prevention (CSAP) in 1993. Using contract funds, in addition to other State resources, Washington developed its needs assessment data system. The State has further refined and enhanced the system with funds from its State Incentive Grant. The compilation and publication of the needs assessment data are the result of collaboration between two agencies within the Department of Social and Health Services—the Division of Alcohol and Substance Abuse and the Research and Data Analysis Unit within the Management Services Administration.

Future Uses. Counties will continue to use the common needs assessment data to conduct county-level planning for prevention services. The data also are now used for outcome assessments. Additionally, the State uses the needs assessment data system to promote a unified, comprehensive approach to prevention. By coordinating across State agencies to develop common expectations and requirements for program needs assessments, the State has created a science-based approach for all prevention planning, regardless of the specific problem area. County

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agencies and local organizations have access to data that enables them to prepare well-grounded applications for program funding.

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PENNSYLVANIA

ASSISTING COUNTIES TO DO COMPREHENSIVE OUTCOME-BASED PREVENTION PLANNING

KEY ELEMENTS OF THE PRACTICE:

- All counties required to implement comprehensive, outcome-based planning processes
- State agency developed and provides dedicated software package for counties' use in selecting prevention programs matching identified needs
- State also provides training for counties and funds for technology upgrades if needed

A Comprehensive, Outcome-Based Reporting System.

Pennsylvania's Bureau of Drugs and Alcohol Programs (BDAP) has implemented a comprehensive, outcome-based funding system that requires all of the State's counties to:

- Conduct bi-annual, countywide needs assessments of risk and protective factors;
- Establish programming priorities on the basis of the needs assessment data;
- Develop a five-year strategic plan for meeting the needs; and
- Re-assess and revise goals and objectives annually,

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based on the outcomes of programs that have been implemented during the preceding year.

This system has enabled the State to improve its substance abuse prevention programming. All State funds are awarded to single county authorities, which have had to undertake the comprehensive, outcome-based planning processes since 1996. The counties in turn make funds available to specific prevention service providers.

To help the system work efficiently, the State provides a dedicated software package (which combines the reporting from State, county, and provider levels), offers an intensive initial training session for county officials, and offers periodic follow-up technical assistance to every county and every program administrator in the State. The system also improves local accountability. For instance, the software actually flags inconsistencies between the local services provided and the identified risk and protective factors that require greater attention by a particular community. (The software also can identify about 50 specific science-based prevention programs that address specific risk and protective factors.)

Implementation Processes and Lessons. BDAP supports the software system network and provides training as just described. The training is conducted by a combination of 10 universities and schools of higher education, under contract to BDAP.

To receive State prevention funds, local providers must upgrade existing computers or purchase new ones to

accommodate the required software. The State provides counties with set-aside funds for technology upgrades. An initial barrier was that not all county officials or local providers were receptive to the new system. However, the State has gradually shown how the system goes beyond an oversight system and actually allows counties and providers to have more control over the management of their own prevention services and monies. Assuring the needed level of computer literacy also continues to be a constant challenge, with intense training still an essential component for success.

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WASHINGTON

DEVELOPING AN INSTRUMENT TO ASSESS PROGRAM IMPLEMENTATION FIDELITY

KEY ELEMENTS OF THE PRACTICE:

- State's SIG develops instrument
- Instrument being pilot tested by SIG-funded local communities in the State
- Instrument to be revised and finalized, based on results of the pilot test

A Fidelity Survey. Washington has been developing a fidelity survey that asks local providers under CSAP's State Incentive Grant (SIG) program to identify the prevention program that has been adopted and implemented. The survey then proceeds to ask the providers to help create a comprehensive record of what has been changed in implementing the program. Over time, the survey results can show the frequency and extent to which prevention programs were modified and also can associate pre- and post-test outcomes with any such modifications.

The instrument consists of seven items. The first is the major fidelity item and assesses whether the prevention program differs from the original design by asking a provider to check either "yes" or "no" to 11 program characteristics:

- 1-4: The number, length, content, and order of prevention sessions;
- 5: The use of materials or handouts;
- 6-8: The location, intended population, and number of participants;
- 9-10: The instructor's training and instructor/student ratio; and
- 11: Any other relevant program characteristics.

Associated with each of the eleven program characteristics questions is room to explain each change. The survey also asks providers about the Best Practices status of the program, the instructor's training and experience, their own and participants' reactions to the program, and likelihood of continued use of the program. Many of the fidelity concepts are based on more general implementation guidance, such as the longstanding program evaluation volume on assessing program implementation by King, Morris, and Fitz-Gibbon (*How to Assess Program Implementation*, Sage Publications, Thousand Oaks, CA, 1978).

Testing the Fidelity Survey. The SIG Evaluation Team, contracted through the Division of Alcohol and Substance Abuse, in Washington's Department of Social and Health Services, developed the survey for the SIG evaluation in the fall of 2000. Since then, the survey has been undergoing pilot testing, with data having been collected for the SIG's 18 subrecipients (i.e., local service providers receiving SIG sub-awards from the State). For these subrecipients, at least one prevention program has been the subject

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of the survey. The pilot testing is to be completed by mid-2001, when the entire survey process will be assessed. At that time, the instrument may be revised before being used for routine reporting by all SIG-supported programs.

The survey purpose is to improve the understanding of pre-test/post-test outcomes. Although the survey could be used for monitoring purposes, i.e., to determine if a provider fulfilled their contractual obligations, it is being used within the SIG evaluation to learn the extent to which prevention programs are changed, the reasons for those changes, and the associated effects of those changes on program outcomes. Because individual providers are often not used to the idea of inquiries made purely for research purposes, instead of punitive, the evaluation staff is aggregating results of the survey's pilot testing. Results of individual fidelity surveys collected for SIG evaluation purposes will not be made available for monitoring purposes.

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KANSAS

CONDUCTING SURVEYS OF DRUG USE, TO HELP COMMUNITIES TO ASSESS OUTCOMES

KEY ELEMENTS OF THE PRACTICE:

- State conducts annual survey at four grade levels
- Survey is based on census, rather than sample, of all students
- Survey results provided free of charge to every public and private school, to be used for planning and outcome assessments
- State also arranges for regional prevention centers to provide training on how to use data

States Helping to Produce Community-Level Data. Since the fall of 1994, Kansas has conducted the Communities That Care Survey annually at each of four grade levels (grades 6, 8, 10, and 12). The survey is based on a census rather than sampling strategy, and data are therefore available at the school building (and hence community) level. About 80 percent of the schools now participate in the survey, either annually or bi-annually.

Kansas initially developed its survey capability in part with support from a needs assessment contract from the Center for Substance Abuse Prevention (CSAP) in 1994. Substance Abuse Prevention and Treatment (SAPT) block

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grant funds now pay to administer the survey. The early start means that Kansas's communities by now can study trends over a seven-year period.

Survey Items and Administration. The Kansas Communities That Care Survey procedure begins with Kansas's Department of Social and Rehabilitation Services (Alcohol and Drug Abuse Services—now the Office for the Advancement of Prevention) contacting and recruiting superintendents and principals to participate. By participating, schools can meet quality performance accreditation reporting requirements and the assessment needs for the Safe and Drug-Free Schools and Communities program.

The survey has 127 closed-ended items, divided into five categories (see Exhibit 1), taking about 45 minutes to complete. Usually, the Safe and Drug-Free Schools coordinator oversees the administration of the survey within the schools. Students complete the survey in their classrooms during the first semester of the school year. The generality of the risk and protective factor data makes the survey relevant for addressing a variety of social problem areas, reducing burdens on communities involved in a variety of youth initiatives.

The State processes the survey data and makes them available to schools before the end of the school year. The State also has continued to field-test, refine, and validate the survey results over the past seven years.

Usefulness. The survey data are provided free of charge to every public and private school in Kansas. Schools and

communities benefit directly by having data at the school building level. Schools have used the data to enlist parent and community support for school programs, to apply for external funds, and to conduct program design and trend analyses. Having standardized Statewide data also facilitates State planning and outcome assessments.

However, not all potential users have taken advantage of the data availability. As a result, Kansas's 13 regional prevention centers as well as its State and county extension agencies continually conduct training, especially for community coalitions, on how to use the data for planning, monitoring, and evaluation purposes.

Substance abuse data at the community level are critical for planning and assessing community initiatives. Yet, most communities across the country do not have such data available. States can markedly improve this process by sponsoring Statewide, census surveys, as in Kansas.

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ILLINOIS

PROVIDING GUIDANCE ON EVIDENCE-BASED PREVENTION PROGRAMMING

KEY ELEMENTS OF THE PRACTICE:

- State working group drafts guidelines for adopting evidence-based interventions
- Guidelines to be reviewed by SIG advisory board
- Guidelines currently being revised, with hope that they will be adopted by all State agencies

Guidance on Evidence-Based Prevention. In Illinois, one of the successful features of its State Incentive Grant (SIG) was the making of subrecipient awards to 27 local communities—and requiring that the communities adopt evidence-based (or science-based) prevention. All subrecipients were required to adopt an evidence-based intervention that qualified as a “level 3” (or higher) intervention, according to the scale developed by the Center for Substance Abuse Prevention. The SIG also expanded the options by permitting the development of “principle-based” interventions—where the principles still met the “level 3” criterion, but the community could build more customized interventions to serve the needs of the diverse communities and populations residing in Illinois.

This focus on evidence-based prevention has been extended to include all of the prevention activities supported by

the State's Bureau of Substance Abuse Prevention. To assist communities, a working group of the SIG's advisory board (the Best Practices Work Group) has been developing a set of guidelines.

The guidelines were first drafted in August 2000 and the draft was endorsed by the SIG's advisory board members. However, the guidelines are still being revised and reviewed. The current draft includes a rationale for using the term "evidence-based," compared to a variety of other terms (e.g., "science-based"). The draft then proceeds to define three types of evidence-based approaches:

- 1) Prevention programs, often referred to as 'canned programs,' that have well-established protocols and have been shown to be effective through rigorous research;
- 2) State or local policies that have demonstrated the ability to reduce alcohol, tobacco, and other drug use or related problem behaviors; and
- 3) Principles or practices derived from research and evaluation that can serve as the basis for developing new, creative, and testable approaches to prevention.

Locally-Developed Interventions. The third type of intervention may be regarded as a "locally-developed" intervention. The guidance offers specific procedures for community-based providers desiring to implement such interventions. First, the locally-developed intervention must be

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supported by evidence-based principles and include a logic model showing the links among assumptions, activities, and expected outcomes. Second, the protocol for evaluating these interventions must include a series of annual evaluations extending over a three-year period. The evaluations should: include a single group of pre- and post-test designs; be replicated over three program cycles; and be evaluated using control or comparison groups.

Completion of these steps and demonstration of positive outcomes would qualify the locally-developed effort as a “level 3” evidence-based program. The guidelines also include a decision-making tool for determining whether a “level 3” program continues to meet the criteria for an evidence-based program and how locally-developed interventions can achieve “level 3” status.

Upon finalization of the guidance, the work group hopes that all State agencies will adopt the same policy. All prevention interventions would be required to conduct a process evaluation annually and an outcome evaluation at least once every three years—to ensure that the intervention is being delivered properly and achieving the expected results.

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Collaborating Beyond Substance Abuse Prevention

Practical Experiences from the States

In many States, there is increased collaboration between substance abuse prevention and related programs. The collaboration addresses two phenomena. First, youths who are at risk for substance abuse often are the same youths at risk for dropping out of school, committing acts of violence, or pursuing other related and undesirable behaviors. Second, comprehensive strategies that cut across traditional service boundaries may be more effective than strategies limited to single services. The purpose of this section is to describe practical experiences where such collaboration is taking place.

Federal programs help stimulate such collaboration. For instance, Connecticut is one of seven States that have received Partnership Resource and Infrastructure Support Monies (PRIME) from the Center for Mental Health Services (U.S. Department of Health and Human Services). With these monies, eight State agencies created a new collaborative entity—the Connecticut Coalition for the Advancement of Prevention (CCAP). The collaborative will continue State efforts to develop a comprehensive and unified strategy for implementing and evaluating exemplary

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practice prevention programs that promote mental health and prevent violence and substance abuse among children from kindergarten through the fifth grade. The efforts embrace the earlier work done under CSAP's State Incentive Grant (SIG).

Other States have developed their own initiatives to broaden collaboration beyond substance abuse prevention. One type of initiative is to coordinate prevention and treatment funding and programming within the same agency. Another type is to include prevention with a broad variety of other functional areas—such as K-12 education, the juvenile justice system, public safety, transportation, health, and children and family services.

Collaboration also can occur at different phases of an agency's work. Strategic planning is one phase that benefits when States form interagency planning groups. Reorganizing agency units and funding streams might be a later phase, while developing a cross-program infrastructure might be desirable for sustaining the prevention system.

A number of the practical experiences presented in earlier sections incorporate this kind of collaboration, which is summarized in Exhibit 4. Of them:

- Two States went beyond substance abuse prevention by coordinating with treatment,
- Five States demonstrated coordination among a variety of agencies outside health, and

- Two States incorporated both of the above.

As a final observation, the creation of new, joint mandates and programming between prevention and other fields also poses risks. The focus, if not the resources, devoted to substance abuse prevention may diminish in joint settings. Whether a State's prevention system is actually strengthened through the joint actions depends on many conditions. As with the other topics covered in this publication, the practical experiences are presented to raise awareness of various options. Whether to pursue a specific option requires a State to assess its own situation and needs.

Exhibit 5

States Going Beyond Prevention: List of Practical Experiences

Section/Practical Experience and State	No.	Collaborating Agencies or Functional Areas
Creating a Readiness for Systems Change by Organizing State Advisory Committees:		
-Interagency Coordinating Council--MT	11	attorney gen., public health and human services, public instruction, children's trust fund, labor and industry, crime control, Indian affairs, Lt. Gov., military affairs, higher education, transportation
-State Agencies Focused on Effectiveness (S.A.F.E.)--MN	11	public safety, corrections, health, human services, economic security, attorney gen., Supreme Court, planning, U.S. attorney, military affairs, and children, families, and learning
-Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment--NH	10	prevention and treatment; health and human serv., youth development, education, corrections, safety, attorney gen., adjutant gen., courts, liquor commis.
Doing Strategic and Comprehensive Planning for Substance Abuse Prevention:		
-Planning Framework--KS	7	social and rehab. services, juvenile justice, health and environment, corrections, education, attorney gen., transportation
-Strategic Planning for Services to Children and Youth, for Prevention, Intervention, and Treatment--CO	n.a.	prevention, intervention, and treatment for children and youth

Section/Practical Experience and State

No.

Collaborating Agencies or Functional Areas

Streamlining Funding Streams in Substance Abuse Prevention:

-Single Funding Stream--ME

n.a.

prevention and treatment

-Joint State Agency Analysis of Prevention Funding:
Interstate Agency Prevention Team--ND

11

children's coord. council, Indian affairs, highway patrol, national guard, attorney
gen., Supreme Court, public instruction, transportation, juvenile justice, human
services, health

Allocating State Funds to Support Local Prevention Services:

Assisting Local Community Prevention Efforts:

Sustaining State Systems Change:

-Legislating a Long-term Revenue Source and Treatment--NH

n.a.

prevention and treatment

-State-Local Infrastructure for Services to Children and Families--OR

2

human resources, public instruction

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Sustaining State Systems Change

Practical Experiences from New Hampshire, Oregon, Oklahoma, and Vermont

No process is more challenging than that of sustaining State systems change in substance abuse prevention. By definition, systems change cannot be considered successful unless changes outlive early efforts and the original sources of funding. Yet, the dynamics of systems means that changes cannot be expected to stay rigidly in place, either. For State systems change, another dimension to the challenge is that the overall system includes local components, not just State agencies. Therefore, successful State systems change also results in the strengthening of local prevention capabilities.

Given the multiple dimensions of the challenge, no single State strategy is likely to be sufficient. Presented in this module are four practical experiences, each addressing a somewhat different part of the challenge. This diversity promotes pursuing all four as part of a comprehensive strategy to sustain systems change.

Legislative mandates can be extremely important to the question of sustainability. New Hampshire's new legislation

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shows how a portion of existing sources of revenue can be dedicated to support substance abuse prevention—presumably on a long-term basis. Oregon’s landmark legislation provided some new resources, but, more importantly, defined and put into place comprehensive planning and evaluation at State and local levels. A distinctive aspect of the legislation was the linking of State and local planning—with local plans required to reflect the State plans and be reviewed by the State agency.

In addition to legislative mandates, State agencies also can structure their services and programs to enhance the capacities of local prevention services. In the other two practical experiences described in this module, Oklahoma has organized 18 regional centers to support local capacity-building, while Vermont uses its State Incentive Grant (SIG) program to assist local coalitions become more adept at obtaining continued funding from a variety of sources.

NEW HAMPSHIRE

LEGISLATING A LONG-TERM REVENUE SOURCE FOR PREVENTION AND TREATMENT FUNDS

KEY ELEMENTS OF THE PRACTICE:

- Legislation passed during 2000 session, using percentage of profits from liquor sales to establish new fund
- New fund to be administered by governor's commission

An Act Requiring that a Percentage of Profits by the Liquor Commission be Placed into and Continually Appropriated for Alcohol Prevention and Treatment Programs. In its 2000 session, New Hampshire's legislature passed SB 153, calling for a percentage of the profits from liquor sales to be put into a special fund for alcohol education and abuse prevention and treatment programs.

New Hampshire is a control State in which wines and spirits are sold by the State as a wholesaler to licensed retailers and directly to the public through State-owned stores. These sales are overseen by the State Liquor Commission. SB 153 calls for 50 percent of the incremental profits (profits that exceed those of the 2001 fiscal year)—but capped at not more than 5 percent of the current year gross

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profits—to be deposited into the special fund. Current revenue estimates suggest that SB 153 will generate almost \$1 million in 2002, with a potential maximum of \$4 million annually.

The funds are to be administered by the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment with at least half of the disbursements to be used primarily for alcohol education and prevention. The legislation therefore provides for a long-term source of funding support for prevention (and treatment) programs.

Developing the New Legislation. The legislation was fueled by a growing awareness of alcohol and drug abuse as a significant Statewide problem. Advocacy groups in New Hampshire helped to create this awareness by providing research evidence on drug use prevalence, especially among the State's young people, and by supporting policy forums to discuss the issues.

Parallel developments among the State agencies also may have contributed to the successful passage of SB 153. First, the State SSA was elevated within the Department of Health and Human Services from a bureau to a division, providing more visibility within the department and Statewide. Second, strategic planning efforts stimulated by the Center for Substance Abuse Prevention's State Incentive Grant (SIG) provided a framework for understanding (and supporting) effective prevention programming.

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OREGON

CREATING A STATE/LOCAL INFRASTRUCTURE FOR SERVICES TO CHILDREN AND FAMILIES

KEY ELEMENTS OF THE PRACTICE:

- Legislation calls for coordinated State and local planning and extensive evaluation activities
- Agencies and programs now sharing common logic model and consistent terminology across funding avenues
- Merging of funding streams, shared measurement of outcomes, and other collaborative activities may ensue in the future

Creating a State/Local Infrastructure for Services to Children and Families. New legislation passed in Oregon in 1999 (Senate Bill 555) greatly expanded and strengthened the coordination of services to children and families. A key feature of the legislation was linking State and local efforts. Briefly, the legislation designated the State Commission on Children and Families to facilitate and coordinate State- and local-level planning. The legislation also called for and articulated extensive program evaluation activities. The State commission's members include the director of the department of human resources; the superintendent of public instruction; two nonvoting

members, representing the State's Senate and House; and 12 members appointed by the Governor.

At the State level, the State Commission on Children and Families facilitates local planning and:

- Sets guidelines for the planning, coordination, and delivery of services by local commissions;
- Identifies outcomes and interim indicators to monitor the progress of local coordinated comprehensive plans;
- Encourages the development of innovative projects—based on proven practices of effectiveness;
- Compiles, analyzes, and distributes information about Statewide coordinated planning;
- Reviews and approves local comprehensive plans; and
- Reviews State expenditures allocated to the local commissions.

Senate Bill (SB) 555 also described three areas of focus: (1) alcohol and drug abuse programs, (2) juvenile crime prevention programs, and (3) early childhood services. State and Federal funds for services were to be coordinated under a newly created Juvenile Crime Prevention Advisory Committee, and the legislation appropriated \$30 million in new funds over a two-year period, to support services in these focus areas.

Strengthening State Substance Abuse Prevention Systems

Progress to Date. Oregon has made considerable progress in implementing SB 555. The multiple agencies and programs involved in services for children and families have collaborated and created joint plans and priorities. The Center for Substance Abuse Prevention’s State Incentive Grant (known in Oregon as the State Incentive Cooperative Agreement—or “SICA”) has played an important role in these activities. Specific benefits to date include the use of a single logic model across agencies and programs, use of consistent terminology across funding avenues, and shared data books.

In the future, coordination of planning and services is likely to result in merging of funding streams, common reporting forms, shared high-level outcomes, and shared measurement of these outcomes.

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OKLAHOMA

CREATING SUBSTATE, REGIONAL LEARNING COMMUNITIES

KEY ELEMENTS OF THE PRACTICE:

- State funds 18 regional prevention centers to assist local coalitions
- Centers emphasize learning, not training, and hold learning community meetings three times a year
- Meetings have no formal curriculum, but operate as informal learning laboratories

How Regional Learning Communities Work. Oklahoma's State Department of Mental Health and Substance Abuse uses an 18-center regional structure to sponsor "learning communities" for local coalitions and representatives.

Learning community meetings are scheduled three times a year. The meetings begin with a brief presentation on a priority topic identified by the coalitions. To date, illustrative topics have included: coalition building, community mobilization, community change principles, change agents, and social change theory. Throughout, the emphasis is on the learning communities as informal learning laboratories. There is no formal curriculum. Rather, the topics to be addressed are chosen by participants, and meetings are driven by the group and are peer-directed and

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interactive, not didactic. As one result, participants have formally voiced a high degree of satisfaction with these meetings.

The meetings try to surface the specific, real-life problems of each coalition and to develop feasible solutions and alternatives. The process may be considered an informal peer to-peer technical assistance network. Increased capacity and enlarged networking occur simultaneously.

The learning communities' regional arrangement is another significant feature. Bringing coalitions from the same region together to address problems provides an opportunity to address region-specific issues. Conversely, identifying regional perceptions and concerns helps the State to gain insight into how its overall prevention system is functioning. The regional arrangement also means that nobody has to drive more than one hour to attend a meeting.

Developing the Learning Communities Process. The learning communities aim to produce “learning,” not “training.” This spirit, combined with the support received from the Southwest Center for the Application of Prevention Technologies (SWCAPT), moves the learning communities closer to a routine regional center function.

The 18 regional prevention centers are State-funded. The centers consist of a variety of non-profit organizations, both public and private, which successfully responded to an RFP issued by the State's Substance Abuse Prevention Office (Department of Mental Health and Substance Abuse Services). The centers include such organizations as

the Green County Mental Health Center, the Oklahoma State University College of Osteopathic Medicine, and the Norman Alcohol Information Center. Each center hired two professional staff to organize communities and deliver technical assistance. Planning and funding occurs over a three-year cycle, to encourage the community coalitions to build toward a greater community impact and better outcomes.

Sustainability Role. The learning communities can serve a critical function in sustaining local coalitions. Coalitions need more than financial resources to continue successful operations if not growth. The knowledge embodied in the learning communities becomes another type of institutional memory that can help coalitions in this process.

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VERMONT

EMPOWERING AND SUSTAINING LOCAL COMMUNITY COALITIONS

KEY ELEMENTS OF THE PRACTICE:

- State's SIG requires local coalitions to enumerate and incorporate all local funds as part of comprehensive planning
- State agency also provides technical assistance to coalitions to conduct these activities
- SIG practice increases coalitions' capabilities, increasing their chances of successfully obtaining additional funds for prevention programming

State Strategies for Sustaining Local Community Coalitions. Vermont's Division of Alcohol and Drug Abuse Programs (ADAP) has pursued a multi-faceted strategy for supporting local community coalitions. The entire strategy aims to help the coalitions build their capacity and increase the likelihood of sustaining their efforts in the long run.

ADAP's role begins with its funding of selected community coalitions, based on competitive awards, using funds from the Center for Substance Abuse Prevention's State Incentive Grant (SIG) program. In making the award, ADAP requires that successful applicants enumerate and

incorporate other sources of funding to be used along with the SIG funds. Some of the local coalitions have therefore become adept at leveraging multiple sources of funding. For instance, a local student assistance program may combine EPSDT (Early Periodic Screening, Diagnosis, and Treatment) funds with Safe and Drug-Free Schools and Communities funds, and with SIG funds. As another part of ADAP's strategy, the successful applicants also are encouraged to develop comprehensive local plans, based on collaborative planning groups. Together, the effects on funding streams and coalition building increase the capacity of the local coalition to carry out substance abuse prevention plans.

As yet another part of the strategy, ADAP also provides technical assistance to the local coalitions. Much of the assistance is aimed at increasing the coalition's ability to secure additional funding from external sources. Examples of this assistance include training on how to construct and use "logic models" as an aid to program development, and how to conduct evaluations. As a result, the local coalitions are more skilled at putting together competitive applications.

Early Signs of Success. These State initiatives have shown early signs of success. When the SIG program started, only two of Vermont's coalitions had received funding from the U.S. Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Drug Free Communities Program. One was a SIG awardee and the other was not. The following year, one SIG-supported and one non-SIG-supported coalition received OJJDP funding.

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With ADAP's supportive strategies gradually taking effect, six of eight applicants from Vermont were funded the next year, with five of the six being SIG-supported coalitions. On another funding front, of the 23 health department grants from tobacco settlement funds, 12 were awarded to SIG-supported coalitions.

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2002 Conference Edition

Strengthening State Systems is intended for use
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How to obtain this document:

This document can be obtained online at Internet sites sponsored by the Federal Center for Substance Abuse Prevention (CSAP):

CSAP Prevention Decision Support System (DSS) Web site:
www.preventiondss.org

CSAP Model Programs Web site:
www.modelprograms.samhsa.gov/

CSAP Prevention Pathways Web site:
www.samhsa.gov/preventionpathways/



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